10/53 956 FPLING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET , (FOR U TH FORM PTO-\$75) 431/20 CLAIMS AFTER AFTER AFTER AFTER **AS FILED** AS PILED **CAMPROPRE** CAMEDIDATES 2 "AMENDOORS IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. # <u> 18</u> · 70 76 27 28 <u>72:</u> 31 . 83 34 35 . · 39 89. 96

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